

Name: _____

Position Desired: _____

Full Time Part Time

Date Submitted: _____

Sturgis District

Library

A new adventure every day...



Application for Full & Part Time At-Will Employment

Application For At-Will Employment With The Sturgis District Library

The Sturgis District Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a protected disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

General Information

Read Carefully Before You Complete This Application

NOTICE: Print clearly or type. Answer every question. If a specific section does not apply, then enter N/A in that section. If you need additional space to answer any section you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).

Application must be completed by the person who is applying for the position; incomplete applications will **not** be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

General Information

Position Applied For:

Date of Application: _____ Date You Can Start _____

Last Name: _____ First Name: _____ Middle In. _____ Soc. Sec. No. _____

Present Address Street City State Zip Code Work Number

Permanent Address Street City State Zip Code Home Number

Are there any hours or days of the week you can't work? Yes No If so, when _____

Are you 18 years or older? Yes No

Type of Employment: If applying for part-time, What days and hours Full-Time Part-Time

Salary Desired _____

Are you employed? Yes No Where? _____

Have you ever applied to, or worked, for the Sturgis District Library before? Yes No Under what name? _____ When? _____

List anyone you know who works for the Library: _____

Education

List ALL schools attended	Name & Address of school	No. Yrs. Attended	Major	Did you Graduate?
High/Prep Schools				
Colleges				
Specialized or Other				

U.S. Military Experience			
Do you have any U.S. Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered	Date Discharged
Branch	Rank	Honorable Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Information			
Do you possess a valid Drivers license? If so, please provide your license number and State that issued license.		Are you lawfully entitled to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References			
Name three individuals not related to you, whom you have known for at least one year.			
Name	Address & Telephone	Relationship	Years Acquainted
Emergency Contact: Name Street City Phone No.			
Additional Skills			
Please provide any additional information, such as special skills, training, management experience operation or qualifications you feel will be helpful to us in considering your application.			

Employment Record

Most Recent First

Date Month & Year	Name, Address, & Telephone Number of Employer	Salary	Last Position	Reason For Leaving
From		Starting		
To		Ending		

Job Title & Duties Performed:

Date Month & Year	Name, Address, & Telephone Number of Employer	Salary	Last Position	Reason For Leaving
From		Starting		
To		Ending		

Job Title & Duties Performed:

Date Month & Year	Name, Address, & Telephone Number of Employer	Salary	Last Position	Reason For Leaving
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From		Starting		
To		Ending		

Job Title & Duties Performed:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING.

I understand that prior to being offered employment I may be requested to take a written aptitude test. In the event that I have a disability that will affect my ability to take the test, I will inform the Library prior to the administration of the test so that a reasonable accommodation can be made. The Library reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Library to attempt to make a reasonable accommodation for it. I must make any request in writing to the Library Director within 182 days after I know, or reasonably should have known, that an accommodation was needed.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is an "at-will" employment relationship and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at an time, with or without notice, unless the position is covered by a collective bargaining agreement.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excluded*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

Date: _____ Signature: _____

*Employers specifically excluded: _____

-----**For Employers Use Only**-----

Interviewed By: _____ Dated: _____

Hired: _____ (yes) _____ (no)

Starting Date:- _____ Position: _____

Wage: _____ Reference Check completed by: _____ Dated: _____

Comments: _____

